

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



December 14, 1998

COUNTY FISCAL LETTER (CFL) NO. 98/99-41

TO: COUNTY WELFARE DIRECTORS  
COUNTY FISCAL OFFICERS  
COUNTY AUDITOR CONTROLLERS  
COUNTY PROBATION OFFICERS

SUBJECT: REVISED CALIFORNIA WORK OPPORTUNITY AND  
RESPONSIBILITY TO KIDS (CalWORKs) ASSISTANCE SHARING  
RATIO EFFECTIVE JULY 1998

REFERENCES: CFL NO. 97/98-41 DATED DECEMBER 19, 1997, AND CFL  
NO. 98/99-12, DATED JULY 22, 1998

This CFL transmits information regarding the sharing ratios that shall be applied to the CalWORKs assistance expenditures starting with the July 1998 report month.

Effective with the July 1998 report month the CalWORKs sharing ratio will be 97.5 percent Federal/State and 2.5 percent County. The California Department of Social Services (CDSS), will revise the report months of July through November 1998 amending the Federal/State sharing ratios, previously established by CFL No. 98/99-12 (50/47.5) to meet Temporary Assistance to Needy Families maintenance-of-effort requirements. There is no change to the sharing ratio of 95/5 percent (State/County) for the CalWORKs State Only Programs.

Beginning with the December 1998 report month the counties will apply the correct sharing ratio to the assistance payments for the following Summary Reports of Assistance: CA 800 (FED), CA 800M, and CA 800D (FED). As discussed in CFL No. 97/98-41, the Federal and State sharing ratios for assistance payments will fluctuate due to State budget assumptions. Counties will be informed after the end of the Fiscal Year of the actual Federal and State shares of assistance payments as applied by the CDSS.

Page Two

If you have any questions regarding the instructions or information in this CFL, please contact your County Fiscal Analyst at (916) 657-3440.

***Original Document Signed By  
George E. Peacher, Jr. on 12/14/98***

GEORGE E. PEACHER, JR., Chief  
Fiscal Systems and Accounting Branch

c: CWDA

Attachments

For State Use: ☐ DSS ☐ County Welfare ☐ County Auditor

**SUMMARY REPORT OF  
EXPENDITURES FOR CALIFORNIA  
WORK OPPORTUNITY AND RESPONSIBILITY  
TO KIDS (CalWORKs) DIVERSION - FEDERAL**

(Instructions on Reverse Side of Form)

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

☐ Family Group (FG) ☐ Unemployed (U)**AID PAYMENTS****SOURCE DOCUMENT**

(A)

**CURRENT MONTH**

1. Main Payroll
2. Current Month Supplemental
3. Current Month Cancellation
4. Prior Month Supplemental Payroll
5. Current Month Adjustment
6. Subtotal

**PRIOR MONTH NEGATIVES**

7. Prior Month Cancellation
8. Recoveries of Aid
9. Prior Month Negative Adjustment
10. Subtotal

**PRIOR MONTH POSITIVES**

11. Prior Month Positive Adjustments
12. Subtotal

**13. GRAND TOTALS**

<b>A. Total Aid Payments (6B + 10B + 12B)</b>	<b>B. Federal/State Share (13A x 97.5%)</b>	<b>C. Total County Share (13A x 2.5 %) MOE Countable</b>

**Certification and Signatures**

I hereby certify under penalty of perjury that I am the official responsible for the administration of California Work Opportunity And Responsibility To Kids (CalWORKs) in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for California Work Opportunity And Responsibility To Kids (CalWORKs) made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY OR AUDITOR CONTROLLER

DATE

**INSTRUCTIONS FOR USE OF THE FORM CA 800 DIVERSION  
(FEDERAL) (FG AND U)**

**GENERAL INFORMATION**

1. Enter county name, and month and year of claim in space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. Check the appropriate Family Group (FG) or Unemployed (U) box.
4. All amounts on this form may be rounded to the nearest dollar.

**CURRENT MONTH**

5. Line 1A through Line 5A: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each payroll. Only current month adjustments should be entered on Line 5A.
6. Line 6B: Enter the subtotal from Lines 1A through 5A.

**PRIOR MONTH NEGATIVES**

7. Line 7A: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
8. Line 8A: Enter the total of all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
9. Line 9A: Enter the totals of all prior month negative adjustments which decrease money amounts that were claimed in a prior month Summary Report.
10. Line 10B: Enter the subtotal from Lines 7A through 9A.

**PRIOR MONTH POSITIVES**

11. Line 11A: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report.
12. Line 12B: Enter the Subtotal of the prior months positive adjustments.

**COMPUTE GRAND TOTALS FOR FEDERAL, STATE AND COUNTY SHARES AND COUNTABLE TANF MOE**

13. Line 13A: Enter the total aid payments -- Add 6B, 10B and 12B.
14. Line 13B: Enter the federal/state share -- Multiply 13A by 97.5%.
15. Line 13C: Enter the county share -- Multiply 13A by 2.5%.

**SUMMARY REPORT OF ASSISTANCE  
EXPENDITURES FOR CALIFORNIA  
WORK OPPORTUNITY AND RESPONSIBILITIES  
TO KIDS (CalWORKs) - LEGAL IMMIGRANTS  
(MIXED CASES)**

(Instructions on Reverse Side of Form)

For State Use: ☐ DSS ☐ County Welfare ☐ County Auditor

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

☐ Family Group (FG) ☐ Unemployed (U)

(A) Federal Person Counts		(B) State Person Counts		(C) TOTAL AID	SOURCE DOCUMENT
Adults	Children	Adults	Children		
					<b>CURRENT MONTH</b>
					1. Main Payroll
					2. Current Month Supplemental
					3. Current Month Cancellation
					4. Prior Month Supplemental Payroll
					5. Current Month Adjustment
					6. Subtotal
					7. Amount Payable with State and County Funds
				(D)	8. Federal/State Share [(6C-7C) x 97.5%]
( )	( )	( )	( )	( )	<b>PRIOR MONTH NEGATIVES</b>
( )	( )	( )	( )	( )	9. Prior Month Cancellation
( )	( )	( )	( )	( )	10. Recoveries of Aid
( )	( )	( )	( )	( )	11. Prior Month Negative Adjustments
( )	( )	( )	( )	( )	12. Subtotal
		( )	( )	( )	13. Amount Payable with State and County Funds
				(D)	14. Federal/State Share [(12C-13C) x 97.5%]
					<b>PRIOR MONTH POSITIVES</b>
					15. Prior Month Positive Adjustments
				(D)	16. Amount Payable with State and County Funds
					17. Federal/State share [(15C-16C) x 97.5%]
					<b>STATE ONLY FUNDS</b>
				(D)	18. Total Number of Federal Persons
					19. Total Number of Assistance Units Represented in 18A.
					20. Total Amount Payable by State Funds (\$1.00) (19B x \$1.00)
<b>21. GRAND TOTALS</b>					
<b>A. Total Aid Payments (6C + 12C + 15C)</b>	<b>B. State and County Only Funds (7C + 13C + 16C)</b>	<b>B1. State Share (21B x .95 + 20D) - (20D x .95)</b>	<b>B2. County Share (21B x .05) - (20D x .05)</b>	<b>C. Federal/State Share (8D + 14D + 17D)</b>	<b>D. TOTAL County Share (21A - 20B - 21C + 21B2) MOE COUNTABLE</b>

**Certification and Signatures**

I hereby certify under penalty of perjury that I am the official responsible for the administration of California Work Opportunity And Responsibility To Kids (CalWORKs) in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for California Work Opportunity And Responsibility To Kids (CalWORKs) made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY OR AUDITOR CONTROLLER

DATE

# INSTRUCTIONS FOR USE OF THE FORM CA 800 LEGAL IMMIGRANTS (MIXED CASES)

## **GENERAL INFORMATION**

1. Enter county name, and month and year of claim in space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. Check the appropriate Family Group (FG) or Unemployed (U) box.
4. All amounts on this form may be rounded to the nearest dollar and should reflect the cumulative federal and state funding from the prorated mixed cases.

## **CURRENT MONTH**

5. Line 1 through Line 5: Enter the amounts shown on the integrated payroll report. For non-integrated payrolls, enter the grand totals shown for each payroll. Only current month adjustments should be entered on Line 5A.
6. Line 6: Enter the subtotal from Lines 1 through 5.
7. Line 7: Enter the total number of state-only persons and the cumulative prorated amounts from mixed case that are payable with state and county funds only. These expenditures have no federal funding participation (FFP).
8. Line 8D: Determine and enter the federal/state share of current month payments - Line 6C minus Line 7C times 97.5%.

## **PRIOR MONTH NEGATIVES**

9. Line 9: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll. The federal and state amounts entered should be the cumulative of all prorated payments for mixed case.
10. Line 10: Enter the total of all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
11. Line 11: Enter the totals of all prior month negative adjustments which decrease money amounts that were claimed in a prior month Summary Report.
12. Line 12: Enter the subtotal from Lines 9 through 11.
13. Line 13: Enter the total state person counts and all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month that include only state and county funds; no FFP.
14. Line 14D: Determine and enter the federal/state share of the negative adjustments - [(Line 12C minus 13C) times 97.5%].

## **PRIOR MONTH POSITIVES**

15. Line 15: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report. The federal and state amounts entered should be the cumulative of the prorated payments for mixed case.
16. Line 16: Enter the state person counts and the total of all prior month adjustments that are payable with state and county funds only. There is no FFP.
17. Line 17D: Determine and enter the federal/state share of positive adjustments - [(Line 15C minus 16C) times 97.5%].

## **STATE ONLY FUNDS**

18. Line 18A: Total the number of Federal Persons (Adults and Children).
19. Line 19B: Determine and enter the number of assistance units (AUs) represented in your total federal persons counties (Adults and Children).
20. Line 20D: Determine and enter the amount payable by state funds only [the state share of the \$2.00 grant increase effective June 1, 1973 for federal AUs (Welfare & Institutions Code 11006.1)] - Multiply \$1.00 times 19B.

## **COMPUTE GRAND TOTALS FOR FEDERAL, STATE, AND COUNTY SHARES AND COUNTABLE TANF MOE**

21. Line 21A: Enter the total aid payments -- Add Lines 6C, 12C, and 15C.
22. Line 21B: Enter the total state and county only fund payments -- Add 7C, 13C, and 16C.
23. Line 21B1: Enter the total state share -- [21B multiplied by .95] plus 20D. - (20D x .95)
24. Line 21B2: Enter the total county share -- [21B multiplied by .05] - (20D x .05)
25. Line 21C: Enter the total federal/state share for this monthly Summary Report -- Add Lines 8D, 14D, and 17D.
26. Line 21D: Enter the total County share line 21A - 20B - 21C, plus 21B2.

For State Use: ☐ DSS ☐ County Welfare ☐ County Auditor

**SUMMARY REPORT OF ASSISTANCE  
EXPENDITURES FOR CALIFORNIA  
WORK OPPORTUNITY AND RESPONSIBILITY  
TO KIDS (CalWORKs) - FEDERAL**

(Instructions on Reverse Side of Form)

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

☐ Family Group (FG) ☐ Unemployed (U)**AID PAYMENTS****SOURCE DOCUMENT**

(A)

**CURRENT MONTH**

1. Main Payroll
2. Current Month Supplemental
3. Current Month Cancellation
4. Prior Month Supplemental Payroll
5. Current Month Adjustment
6. Subtotal
7. Amount Payable with State and County Funds Only
8. Federal/State Share [ ( 6A - 7A ) x 97.5% ]

**PRIOR MONTH NEGATIVES**

9. Prior Month Cancellation
10. Recoveries of Aid
11. Prior Month Negative Adjustments
12. Subtotal
13. Amount Payable with State and County Funds Only
14. Federal/State Share [ ( 12A - 13A ) x 97.5% ]

**PRIOR MONTH POSITIVES**

15. Prior Month Positive Adjustments
16. Amount Payable with State and County Funds Only
17. Federal/Share [ ( 15A - 16A ) x 97.5% ]

**STATE ONLY FUNDS**

18. Total Number of Federal Assistance Units
19. Total amount Payable by State Funds Only (18A x \$1.00)

**20. GRAND TOTALS**

A. Total Aid Paid (6A + 12A + 15A)	B. Payable State/County Only (7A + 13A + 16A)	B1. State Share [(20B x .95) + 19B] - (19B x .95)	B2. County Share (20B x .05) - (19B x .05)	C. Fed/State Share (8B + 14B + 17B)	D. Total County Share (20A - 20B - 20C + 20B2) MOE Countable

**Certification and Signatures**

I hereby certify under penalty of perjury that I am the official responsible for the administration of the California Work Opportunity And Responsibility To Kids (CalWORKs) in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for the California Work Opportunity And Responsibility To Kids (CalWORKs) made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY OR AUDITOR CONTROLLER

DATE

## INSTRUCTIONS FOR USE OF THE FORM CA 800 (FEDERAL) (FG AND U)

### **GENERAL INFORMATION**

1. Enter county name, and month and year of claim in space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. Check the appropriate Family Group (FG) or Unemployed (U) box.
4. All amounts on this form may be rounded to the nearest dollar.

### **CURRENT MONTH**

5. Line 1A through Line 5A: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each payroll. Only current month adjustments should be entered on Line 5A.
6. Line 6A: Enter the subtotal from Lines 1A through 5A.
7. Line 7A: Enter the total amount of payments which are payable with state and county funds only, i.e. Reduced Income Supplemental Payment (RISP), Immediate Need, and Presumptive Temporary Homeless. These payments have no federal funding participation (FFP).
8. Line 8B: Determine and enter the federal/state share of current month payments - [(Line 6A minus Line 7A) times 97.5 % Sharing Ratio].

### **PRIOR MONTH NEGATIVES**

9. Line 9A: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
10. Line 10A: Enter the total of all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
11. Line 11A: Enter the totals of all prior month negative adjustments which decrease money amounts that were claimed in a prior month Summary Report.
12. Line 12A: Enter the subtotal from Lines 9A through 11A.
13. Line 13A: Enter the total of all cash recovered, state and county only funds, in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month that include only state and county funds; no FFP.
14. Line 14B: Determine and enter the federal/state share of the negative adjustments - [(Line 12A minus 13A) times 97.5% Sharing Ratio].

### **PRIOR MONTH POSITIVES**

15. Line 15A: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report.
16. Line 16A: Enter the total of all prior month adjustments that are payable with state and county funds only; no FFP.
17. Line 17B: Determine and enter the federal/state share of positive adjustments [(Line 15A minus 16A) times 97.5% Sharing Ratio].

### **STATE ONLY FUNDS**

18. Line 18A: Determine and enter the number of assistance units (AUs) represented in your total federal Persons Count (children and adults).
19. Line 19B: Determine and enter the amount payable by state funds only [the state share of the \$2.00 grant increase effective June 1, 1973 for federal AUs (Welfare & Institutions Code 11006.1)] - Multiply \$1.00 times 18A.

### **COMPUTE GRAND TOTALS FOR FEDERAL, STATE AND COUNTY SHARES AND COUNTABLE TANF MOE**

20. Line 20A: Enter the total aid payments -- Add Lines 6A, 12A, and 15A.
21. Line 20B: Enter the total state and county only fund payments -- Add 7A, 13A, and 16A.
22. Line 20B1: Enter the total state share -- 20B multiplied by .95 + 19B - 19B x .95
23. Line 20B2: Enter the total county share -- 20B multiplied by .05 - 19B x .05.
24. Line 20C: Enter the total federal/state share--add lines 8B + 14B + 17B.
25. Line 20D: Enter the total county share - Lines 20A - 20B - 20C + 20B2.